MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

UI	317			CERTI	FICATE	OF DEATH				1	11279
PLACE OF o. COUNTY		Mary 16		MAI	RYLAND	2. USUAL RESIDENCE O. STATE MARYL	(Where deci		COUNTY	ST . MA	
RURAL	JRAL and give	ORNIA		C. LENGTH OF STAY	IN 16	RURAL	ourside corpi	rate limits, wri		d give neares	t town)
d. NAME O	HOSPITAL OR	INSTITUTION (If no	t în hospital, g	ive street oddress)		d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES XX NO
3. NAME OF DECEASED (Type or p	int)	Suste	_	Middle ATHER!NE	AR	Last MSWORTHY	4. DATE		Month UARY	Day	Year 1966
S. SEX		OLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRI		B. DATE OF BIRTH NOV.25.189	7	9. AGE (In ye lost birthd		NDER 1 YEAR 1ths Days	Hours Min.
10a. USUAL OC during most of		kind af wark dane en if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Cou	nty & State, or			12. CITIZEN OF COUNTRY?	
13. FATHER'S	NAME					14. MOTHER'S MAIDE	N NAME	LAND		Ueller	,
	ASED EVER IN U.	AS THEOD S. ARMED FORCES? give war ar dates a	16.	YDEN SOCIAL SECURITY NO.	17.	EMMA TI	PPETT_		Address		
rise to in stating t last.	s, if any, which mediate caus ne underlying OTHER SIGNIFIC	cause DUE	(b) <u>Cere</u> 10 (c)	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE	CONDITION G	IVEN IN PART 1:	(a)		WAS AUTOPSY PERFORMED? ES NO
- I UF CHERE	DENT WAS UNDE RIBUTING (**) CAI , NOTIFY MEDIC	JSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury	in Port t or I	Port II of item 1	IB.)		
WEDICAL MEDICAL	F OF INJURY M Haur o.m. p.m.	onth, Day, Year 19	20d. It While at wark	IJURY OCCURRED Not While of work		CE OF INJURY (Home, fary, street, office bldg., e		(City or tov	vn)	(Caunty)	(State)
saw	the deceas	at (I) (this hos ed alive an	1 (2	ded the deceased	d from_ and tha	t death accurred	, 19 <u>60</u> at <u>9,46</u>	M, fram cal	uses and	on the dat	e stated abay
	220. SIGNATURE ATTENDING ATTENDING MED. STAFF PHYS. 1/14/66										
	YSICIAN'S ME (Type)	P. J.	BEAN	M. D.		22d. ADDRESS	GREA	T MILLE	MAR	YLAND	
	(Specify)	JAN.15				EMETERY		EAT MIL		(County	, ,
24. FUNERAL W.CLAF		TINGLEY	LEONAL	ADDRESS	ARYLA	4.0	N 19	1966 25	Clies	res signatul	ider.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

ter the second s

7411 6 771

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/2	1			Divisio	n of C
1 (All	1)		0131		11 01 3
_ ~£		_		O	
funera s I ond ter deoi		1.	O. COUNTY ST	MARY	118
by the Pages lours affi		Ri	b. CITY OR TOWA	A Shitzique	egrooji prest to
filled in b papers. thin 72 ho	er h		d. NAME OF HOSPIT		
alia Briti	00	2	ALBASE OF		
corbon ent, wil			NAME OF DECEASED (Type or print)		MA
ve co		S.	SEX	6. COLO	OR OR R
SA		F	EMALE	WHI	TE
E S C	1	100	. USUAL OCCUPATION	(Give kir	nd of wo
cian		duri	ing most of working House v		it retired
ysic ple o', o		13.	FATHER'S NAME		
g ph Then mav				THON	MAS
ding phys		15.		R IN U.S.	ARMED F
ermit.		(re	s, no, or unknown)	fit Aez da	ve wor o
the asit p			1B. CAUSE OF D PART I. DEA	TH WAS (
troi			4221	!	MEDIMI
signed buriol- buriol,			Conditions, if ony		
sign buri			rise to immediate stating the under		
been s the ior to			lost.	iring to	-)
e hos b use as alth pric	10	NOI	PART II, OTHER S	GNIFICAN	T CONDI
icote he for use Health	0	FICA	20o. ACCIDENT WA	SUNDERI	YING 🗀
A Party		CERT	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE	OF DEA
his cer stache Dept.		CAL	20c. TIME OF INJ		-
this deta e De		MEDICAL	Hour o.	m.	m, 501,
After be c				m. She sheet	/11/ /4
ould ould			21. I certi		
3 shou			22o. SIGNATURE	11	7
_				1/	21
oge filed	1		22c. PHYSICIAN'S		201
r p			NAME Crype	1	Ro
director should	0	230		ON,	23b.
P dispersion	1		BEN YAL Specify	()	JA
-	D-KI	0.4	Thursday Debrote	10	

CERTI	FICATE	OF	DEATH	
	- 1			_

01280

1.	o. COUNTY ST.	MARY 1s		Ma	RYLAND	o. STATE	(Where dece	osed lived, if institu b. COU				ion)
	B. CITY OR NOWA (Moutside corporate direi	ts,	c. LENGTH OF STAY		CITY OR TOWN (If o		rate limits, write RU				
R	Write RURAL CA	OVER STORES LOWER	KX	Life		RURAL	14-01	IA NILOOVALI			. 0	. 1
		AL OR INSTITUTION (If o				d STREET ADDRESS	IVIE	ANICSVIL	LE	1 6	e. IS RESI	DENCE
	g. Ippac or IIoo	na on mornon to t	or ar recopilor, g	gree street each case		STREET PARTIES					ON A F	ARM?
	NAME OF DECEASED	F	irst	Middle		Lost	4. DATE	Mon	th	Doy	Ye	ear
	(Type or print)	MARY		ELEANOR	8	BUCKLER	DEAT	H JANUA	RY	8.	19	66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	Dovs	IF UNDE Hours	R 24 HRS.
F	EMALE	WHITE	WIDOWED	DIVORC	ED S	SEPT. 19. 1878	5	87 yrs.	MOHIUS	DOA2	UDDIZ	SAIRI.
		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Count		foreign country)		TIZEN OF	WHAT	
duri	ing most of working House w		Hom	DUSTRY		Max	RYLAND			UNTRY?	TICA	
13.	FATHER'S NAME	4	1101			14. MOTHER'S MAIDEN				A-TA-B	USA	
		THOMAS L.	004455			Dopoti	LA VI	CTORIA B	HOWLES			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17.	INFORMANT	LEW Y	Add				
(Ye	s, no, or unknown)	(If yes give wor or dates	of service)		Man	Variana Was	-	Measuran		1.7		
	I an CAUCE OF D	FATU /Fatarasis		(-) (1)1 (2)	IVIRO	XAVIER WOO	00	MECHANIC	SVILLE		RYL BE	
	PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY:	use per line for	(o), (b), ond (c).)	6	and Inda	· P				SET AND	DEATH
	11771	IMMEDIATE CAUSE	(o) 6 a	r accordo c	cary-	rend you	ruce			-	SM	03
	Conditions, if any		10		0 1	: oude	200.0			2	C-1.	
	rise to immediat	e conce (o)		yerwood	aron	e evan	un			2	0 4	ter
	stating the unde	rlying couse DUI	E TO							1		
	lost.)	(c)									
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CO	ONDITION GI	VEN IN PART 1(o)			WAS AUT PERFORM ES	OPSY NO 🔯
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Po	ort II of item 1B.)				
MEDICAL	20c. TIME OF INJE	URY Month, Doy, Year		JURY OCCURRED		CE OF INJURY (Home, for		(City or town)	(Co	unty)		(Stote)
ME	Hour o.r	10	While of work	Not While	100	lory, street, office bldg., etc	c.)	1	,		_	
		fy that (I) (this ho			d fram	Lan	1950	to Land	. 196	6 th	at M	we las
		eceased alive an_				t death accurred a	-	M fram causes				
	22o. SIGNATURE	11/1 1		1			1-6			ATE SIGN		
	(1/2/6/	eseil	There	M.I	D. PHYS.	MED. DIRECTOR	STAFF D				
	22c PHYSICIAN'S		0, 7	-/ "	a b	22d. ADDRESS						
	NAME (Fype	V ROY	2441	hes-14	1.1.	N	ECHAN	ICSVILLE,	MARY	LAND)	
230	. BURIAL, CREMATIC	ON. 23b. DATE TH	IEREOF /	23c. NAME OF CE	METERY OR	CREMATORY	23d	LOCATION (City or To	own)	(County)	1	State)
-00	BEMOVAL (Specify	. /	1.1966	Mr. Zı					*		,	
24	. FUNERAL DIRECTO	011118	1,1,00	ADDRESS	UN	2Sa. REC	D BY REGIS	REL GROVE	EGISTRAR'S S	RYLA		
		MATTINGLEY	LEONA		4 091 4	1 101	4.0		Mount		edia E	
1 "	- OLMANC	THEFT	LEUNA	RDTOWN. M	ARYLA	NO DANKA!	1 70	10001 /	10	VA	- A	-

VR A15 (4) 10 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Poge 4 may be retained by the hospital or ottending physician.

A.Y TERMON DE LES CARDAS Y. A

1 - L* ± €

, <u>1</u>Y

VI VI CON 16 VILL , VIVL IN

THE VILL . A VENIE

CLUBY V VEG 1300 -

- V .- / I H

Lity -1 de-

7714 C -1- 0 TT C -1- AIRT

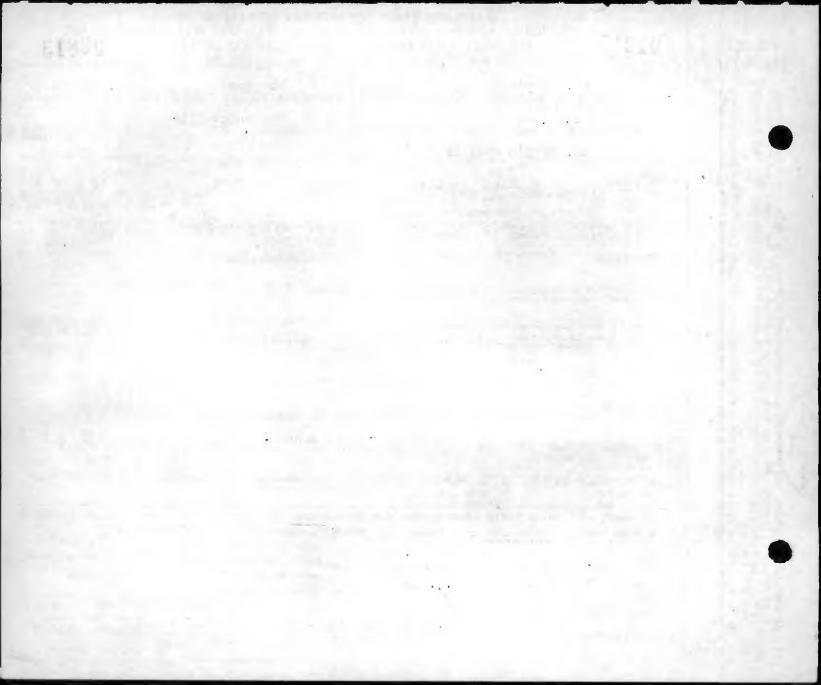
EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, executed with the later 18. Give Pages 1. 2, and 3 to the funeral page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 within 72 hours after death. of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. director. Page 4 shoul retained for your files, please executor

TO DEPUTY MED

VII AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02813

1.	PLACE OF DEATH a. COUNTY St. Mary's Maryland	a. STATE	ENCE (Where deceased lived, If instance b. COUN	titution: Residence before admission) ITY St. Mary s
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mechanicsville	c. CITY OR TOWN		Ite RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRE		o. IS RESIDENCE ON A FARM?
	St. Mary's Hospital			YES ND
3.	NAME OF First Middle DECEASED (Type or print) William Lloyd	Last Garner	4. DATE Month OF DEATH 1	Day Year
-		8. DATE OF BIRTH	last birthday)	Months Days Hours Min.
108	L. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	60 yrs. (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
13.	FATHER'S NAME	14. MOTHER'S M.		
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service)	INFORMANT	Addres	35
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic c. Arteriosclerotic c. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)	ardiovascu	lar disease	INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	rtic stenos:		YES NO
CERTI	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLA factor 2De.	ICE DF INJURY (Home ory, street, office bldg	o, farm. 20f. (City or town)	(County) (State)
234	21. I certify that I took charge of the remains described above, he death resulted from: Natural causes X, Accident, Suitanture	icide , Hom CHIEF MEDI M.D. ASSISTANT I DEPUTY MEI Address (Str	, Inspection, Inquicide, Undetermined CAL EXAMINER MEDICAL EXAMINER COLUMN, or county) 1 23d. LOCATION (City, to	manner
24	REMOVAL (SPECHT) 2-14-66 VANAT. BUARD.	U. And	BALTIMO REC'D BY REGISTRAR 25b. RE	EGISTRAP'S SIGNATURE
		DATE	r H 1 5 1966 #C	warter Junge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and defath The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY ST. MARY S MARYLAND MARYLAND hours after b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 DAYS EONARDTOWN DRAYDEN ve carbon popers. event, within 72 ho e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled MARY'S HOSPITAL YES NO TO 4. DATE 3. NAME OF Lost Month Year nove carbon DECEASED DOROTHY PERKINS DEATH 1966 GODFREY JANUARY (Type or print) 9. AGE (In years S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours DIVORCED FEMALE WHITE WIDOWED PT. 30.1882 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working-life, even if refired COUNTRY? ETSCIAN NEW HAMPSHIRE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or removal, PHILBRICK HOBACE A. GODFREY IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, et unknown) (If yes give ware eases of service) 125-18-0521 HOSPITAL RECORDS 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN After this certificate hos been signed by the I be detoched far use os the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) be detoched far use State Dept. of Health NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port V or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work of work L 21. I certify that (i) (this hespital) attended the deceased from director, page 3 should should be filed with the , and that death occurred at 1 i M, from causes and an the date stated above. 1966 FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR 72d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) JAMES P. JARBO GREAT MILLS, MARY 23c. NAME OF CEMETERS OR CREMATORY 23d. LOCATION (City or Jown) 23o. BURIAL, CREMATION 23b. DAJE THEREOF (County) TORT LINEOUN (REMATURY COLMAR! Co Ive, WASh 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE MBERS 1966

This certificate sent in written in red. These items are not corrections

2

VR A15 (4)

15M 4-64

WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO F YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) 20f. (City or town) (County) and that death occurred at M. from the causes and on the date stated above. 22b. DATE SIGNED Leonard town . Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF BURIAL, CREMATION, BREMOVAL (Specify) JAN. 6, 1966 LINCOLN MEMORIAL CEMETERY SUITLAND. MARYLAND 24. FUNERAL DIRECTOR LE L'IN EL ADDRESS ON ATO TOWN , MODER. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

St. Mary's

Days

12. CITIZEN OF WHAT

U.S.

CDUNTRY?

e. IS RESIDENCE

19

Hours

INTERVAL BETWEEN

DNSET AND DEATH

YES

ON A FARM?

NO X

66

1 the faster in The second series that the second There are a second to the seco STATE OF SMILE the standard of the second party that the second party and the second pa the state of the s וב יי., ל, וויכני דוב יו די עודב ווין אויב וויך אויב וויר איב וויר אויב וויר אויב וויר

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 IISUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

1		PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased lived, if inst	OUNTY		ian)			
			ST. MARY'S			(LAND	MARYL	AND	ST. M					
		CITY OR TOWN (write RURAL and	If outside corporate limits, I a ve nearest town)		c. LENGTH OF STAY		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
			d give neorest town) USHWOOD	_	63 YEAR	S	RURAL	Виѕниоор		1 4 2				
1		. NAME OF HOSPIT	A. OR INSTITUTION (If not	in hospital, g	ive street oddress)		STREET ADDRESS			e (S REST ON A I	FARM?			
C'										YES	КЖОИ			
		NAME OF DECEASED	HARRY		Middle	0-	Lost	OF .	lonth	Ωογ Υε 1 19	66 66			
	S. S	Type or print)	6 COLOR OR RACE	7 MARRIED	NEVER MARRIEL		REEN B. DATE OF BIRTH	9. AGE (In years			R 24 HRS			
		ALE	COLORED	WIDOWED			OCTOBER 2.1	Idst birthdoy		ays Haurs	Min.			
	10a.	USUAL OCCUPATION	(Give kind of work done	10b K1	ND OF BUSINESS OR			& State, or foreign country)	12 CITIZE	N OF WHAT				
	dur	ng most of working CUSTODIA			DUSTRY JRCH			MARYLAND	U.S					
)	13	FATHER'S NAME		1 0170	71377		14. MOTHER'S MAIDEN							
			JOHN GE	REEN			MARY	E. Bush						
			R IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	17.	NFORMANT		ddress					
	ĮTe:	s, na, or unknown)	(If yes give war ar dates of		7-30-1067	Fi	ORENCE E. T	HOMAS MADDO	x. MARYL	AND				
			EATH (Enter only one cous		The second secon				, .	INTERVAL BE				
		PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (0) Governary Throm Gasis or classify ONSET AND DEATH												
		4201 DUETO DUETO												
		Conditions, if any rise to smmediat	a cousa (a)	b)	hopen	1-0	Cheron	e (Vala	are	200	In			
		stoting the underlying couse DUE TO												
		lost.		(c)	O OF THE DUT NOT DE	ATEN TO	Fur Troubul Dierser co.	MATTER COST IN DART 15.	-	19. WAS AUT	TOPSY			
	EDICAL CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS <u>CC</u>	NIRIBUTING T	O DEATH BUT NOT RE	AIEU IO	IHE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)		PERFORA	MED?			
	TIFIC	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)					
	183		MEDICAL EXAMINER)											
	DICA	20c. TIME OF INJU	URY Manth, Day, Year	20d IN While	JURY OCCURRED Not While		CE OF INJURY (Home, farr ary, street, office bldg., etc.) (Caunt	Y)	(Stote)			
		p.i	n. 19	ot work	at work									
	Ιİ		ify that (I) (this has	f _ ' a				19.50 to Xon			(we) last			
		saw the d	eceased alive on		1900.	ana tna	death occurred at	45 M fram caus	es and an the		a apave			
		720. SIGNATURE	foy De	10/6	21-	M.	D. ATTENDING DE	MED. STAFF		166				
1		22c. PHYSICIAN'S		1		651.	22d. ADDRESS	DIRECTOR CO FIII3	- 1/0/	100				
		MAME (Type	UJ. Roy	GUYTHE	R M. D.		N	MECHANICSVILL	E. MARYL	AND				
	230	BURIAL, CREMATI	ON, 23b DATE THE	REOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCATION (City of	Town) (Co	ounty) (Stote)			
1		BENOVAL Specify	JEN. 8	,1966		ED PE	ART CEMETER		D. MA	RYLAND				
- 0	0.4	FUNEDAL DIDECTO	10		ADDRECC		SC DEC'	D DV DECISTOAD 20h	DECISTRAD'S SIGN	JATIIRE				

LEONARDTOWN, MARYLAND

1966

VR A15 [4] 20 M 1/66

W. CLARKE

MATTINGLEY

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please director, page 3 shauld be detached far use as the burial-transit permit. Then shauld be filed with the State Dept. af Health prior ta burial, cremation, ar remayed

Page 4 may be retained by the haspital ar attending physician.

and campletely filled in by the funeral remaye carban papers. Pages 1 and 2.

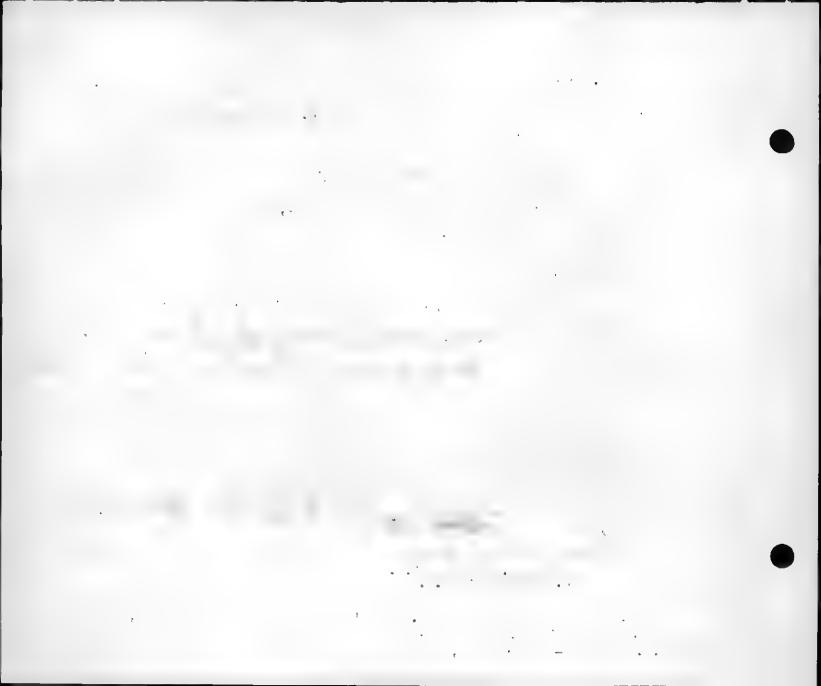
remave carban papers. Pages I and in any event, within 72 hours after death

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death



-6-

20M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01324 CERTIFICATE OF DEATH O HOSPITAL OR ATTENBING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH one b. COUNTY o STATE o. COUNTY ST. MARY S MARYLAND ST. MARY S MARYLAND popers. Pages i hin 72 haurs after b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 25 DAYS LECNARDTOWN RURAL LOVEVILLE e IS RESIDENCE ON A FARM? d. STREET ADDRESS a. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ST. MARY S HOSPITAL YES NO X and completely fill remove carbon p NAME OF 4 DATE Manth Уеаг Middle Last Day 彦 DECEASED 1966 DEATH JANUARY JOHN JENK INS ED. (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. S. SEX 6 COLOR OR RACE X B. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Doys Hours WIDOWED DIVORCED JULY 17.1907 burial, crematian, or removal, and in any MALE GLOORED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a, USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working ife, even if retired)
CIVIL SERVICE COUNTRY? CSA-920 physician U.S.A MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNIE JENKINS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) JAMES JENKINS MORGANZA MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH buriol-transit IMMEDIATE CAUSE (6) Poge 4 may be retained by the hospital or attending physician. signed by 1008 DUE TO Conditions, if any, which gove rise to immediate couse (a) DUE TO stating the underlying couse detached for use as the e Dept. of Health prior to this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [NO. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a m. Not While of work at work FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) aftended the deceased fram. 195 M, fram causes and an the date stated above Sand that death occurred at_ saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S DAVID MOSSMAN M.D. NAME (Type) MECHANICSVILLE. MARYLAND director, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a BURIAL CREMATION BUREMOXAL (Specify) # FEB.2.1966 ST. JOSEPHS CEMETERY MORGANZA. MARYLAND 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FINERAL DIRECTOR VR A15 (4) W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	N=1	10		01325	5		CERTIF	FICATE	OF	DEATH				().	1285	
iaw requires that the death certificate be executed within 24 haurs after death. nding physician.	pletely filled in by the funeral carban papers. Pages I and 2 ent, within 72 haurs after death.			PLACE OF DEATH D. COUNTY	ST. MARY'S				O. STA	TE		sed lived, if inst b. C	OHNITY		,	
fter	e fu es l affer			CITY OF TOWN (f outside comprete limit	ts.	c LENGTH OF STAY	YLAND (CITY C	IVIARY IR TOWN (If ou	LAND	ote limits, write	RIIRAL or	T. MAR	Y'S	_
IIS 0	Pag Urs (1	Write RURAL ON	GWENLE (amu)	,	Life			RURAL		EMENTS	ronne di	, /	, lawing	
hau	n b S.				AL OR INSTITUTION (If n	ot in hospital, a				T ADDRESS					e IS RESIDEN	Œ
in 24	filled i	٦								.					ON A FARM YES NO	1? XX
£	wit			NAME OF DECEASED	·	irs‡	Middle			ast	4. DATE OF	M	lanth	Day	Year	
Ď	cart		(Type or print)		ENE	CARROLL		NOT		DEATH		UARY		1966	
cote	E 9. %	7	5 :		6 COLOR OR RACE	7, MARRIED	NEVER MARRIE		DATE OF			9 AGE (In years	Mo	INDER 1 YEAR	IF UNDER 24 Hours	HRS. Min.
exe	on pur	71	_		WHITE	WIDOWED	DIVORCEI			15,1951		1 1 412				
te be	signed by the attending physician and burial-transit permit. Then please rem burial, crematian, ar remaval, and incom			LSUAL OCCU PATION ng most of working I	(Give kind af wark done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRT	HPLACE (County		oreign country) Marylan		12 CITIZEN OF COUNTRY?		
fica	ysic ple al, a		13.	FATHER'S NAME				1	4. MOT	HER'S MAIDEN 1				VAUL		
eT.	Phen by			An	THUR L.	Киот	T			DOROTH	Y E.	QUADE				
£	attending permit. The		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	OCIAL SECURITY NO.	17. INFO	ORMAN				dress		-	
pap	attendi permit. ian, ar r		ĮTB:	s, no, or unknawn)	(If yes give war ar dates	or service)		Мот	HER	SAM	E AS	# 2 ABO	VE			
je je	e at pe tian			18. CAUSE OF DE	ATH (Enter only one co	use per line for	(a), (b), and (c))								ERVAL BETWEE	
╆ .	nsit p			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE		To.	21444	-اسراء	544.m				ON:	SET AND DEAT	Ή 31_1_
s ± cign	signed by the burial-transit burial, cremai			'		TO	0	, ,								
uire hysi	gne			Conditions, if any,		(b)	Cerel	192 ac	12	a-Cui	4			1.	4 rife	e.z.
req				nse to immediate stating the under		TO			1						0	
ĕë	th ar t			last.)	(c)										
l: The law requires the ar attending physician.	icate has been for use as the Health priar ta		CERTIFICATION	PART II OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT REL	LATED TO THE	TERMIN	AL DISEASE CON	NDITION GIV	EN IN PART 1(o)			WAS ALTOPS' PERFORMED? IN NO	Y Tel
z -	for He o		DEI.	20g ACCIDENT WAS		205. DE	CRIBE HOW INJURY O	CCURRED (Ent	ter natu	re of injury in	Part I or Po	rt II of item 18.)		1		
O HOSPITAL OR ATTENDING PHYSICIA Page 4 may be retained by the haspital	certifiched pt. af		AL CERT		MEDICAL EXAMINER)	501.14	INDA OCCUPANT	00 01565	OF 35 111	NA 411	1 001			16	10.	
G PH ≓e →	r this cert detached te Dept. a		MEDICAL	Hour d.m	1.0	While	JURY OCCURRED Not While at work			RY (Hame, farm office bldg., etc.)		(City or town)		(County)	(Stot	ie)
즐	Affer the be de State				y that (I) (this ha			fram J	2006	/ 1	9.2.2	ta Jane	15	19 6.6 th	at (I) (we) las
ATTEND etained b	the the				eceased alive on	1 1	1955,	and that d	leath (accurred at	4-301	M, from cause	es and	an the date	e stated a	bave
ATI etaii	日常年		.	22a. SIGNATURE	7	1//				DINC	MED			2b DATE/SIGN		
e 8	DIRE ge 3 ied w			ζ.	1/2	1/20		M.D.	ATTEN PHYS	DING -	DIRECTOR	STAFF PHYS.		1/20	1/66	
₹ §	figger and a second	1		22c. PHYSICIAN'S	Mars P.		11 5		22d.	ADDRESS				1	-	
O HOSPITAL Page 4 may	FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the			NAME (Type)	WILL JA	A D. RO	YD M. D.		<u> </u>	L		STOWN. A		AND		
HOS	age of E		230	BURIAL, CREMATIO	'		23c NAME OF CEMI					CATION (City or	Town)	(Caunty)	(Stote)
5 g	5- <u>F</u> -E	N		DEWO VAL (Specify)		1,1966	ST. Jos	SEPHS (CEME			RGANZA,		MARYL		
-	VR A35 (4)	18%		FUNERAL DIRECTO			ADDRESS				BY REGIST	7		AR'S SIGNATUR	E	
	20 41 1 /24	10	W	CLARKE M	ATTIMOLEY	LEGNAR	STOWN MAG	THE BURNE		1 2 2 2	D /1 4	000 0	77 /	/ 0		





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF BEATH funeral death. death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after ges 1 after Haryland St. Mary by the Pages 1 MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours Leonardtown life Leonardtown .= bon papers. within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Alled d. STREET ADDRESS St. Mary's Hospital DOG NAME DE Middle Last DATE Month DECEASED Twin event, (Type or print) Baby Maddox DEATH Boy January 6. COLOR OR RACE | 7. MARRIED SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED Y last birthday) Months | Days Jan 6.1966 Male MIDOWED DIVORCED [Male Negro WIDOWED DIVORCED

10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR .5 11. BIRTHPLACE (County & State, or foreign country) the attending physicial t permit. Then please ation, or removal, and in during most of working life, even if retired) Infant Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Aloysius Maddox Mary Alice Stewart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no, or unknown) ((If yes give war or detes of service) Mary Alice Maddox, Leonardtown, Md. cremation, been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th prior underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS (VEN IN PART 1(2) for use Health certificate 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I S H 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State factory, street, office bldg., etc.) should be Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: / age 3 should lied with the 19 . to M. from the causes and on the date stated above. retai saw the deceased alive on. and that death occurred at 22a. SIGNATURE 0.0 e page DIRECTOR PHYS. Leon erub*e* HOSPITAL O FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) MECHANICSVILLE. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURTAL (Specify) JAN. 17. 1966 ST. ALOYSIUS CEMETERY LEONARDTOWN. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Welmeley Mattingley, Leonardtown, Md. Clarke

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Year

19 66

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

.... that (I) (we) last

NO T

(State)

(State)

YES [

(County)

22b. DATE SIGNED

MARYLAND

JAN/15.1966

MARYLAND

Judge

19

NO X

YES

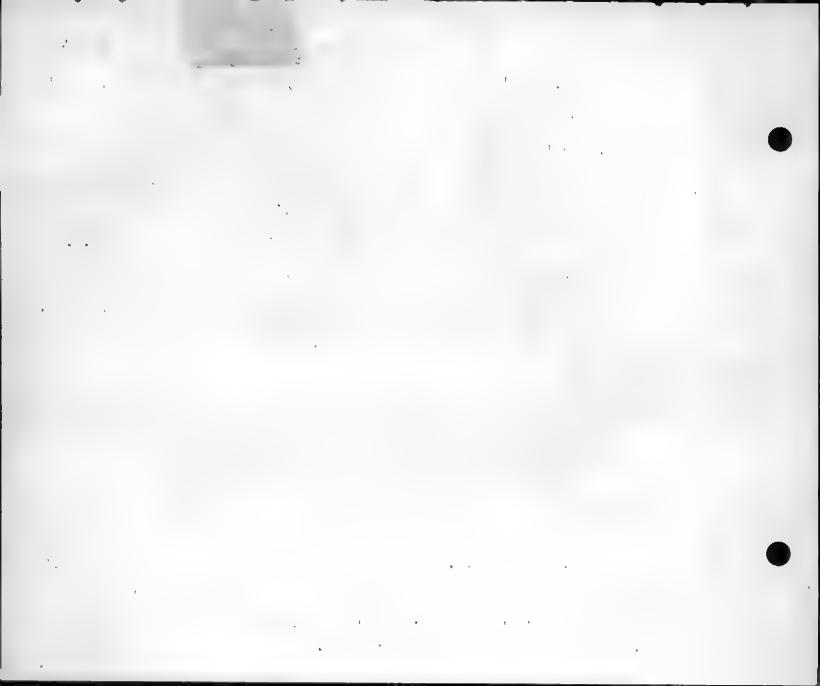
Day

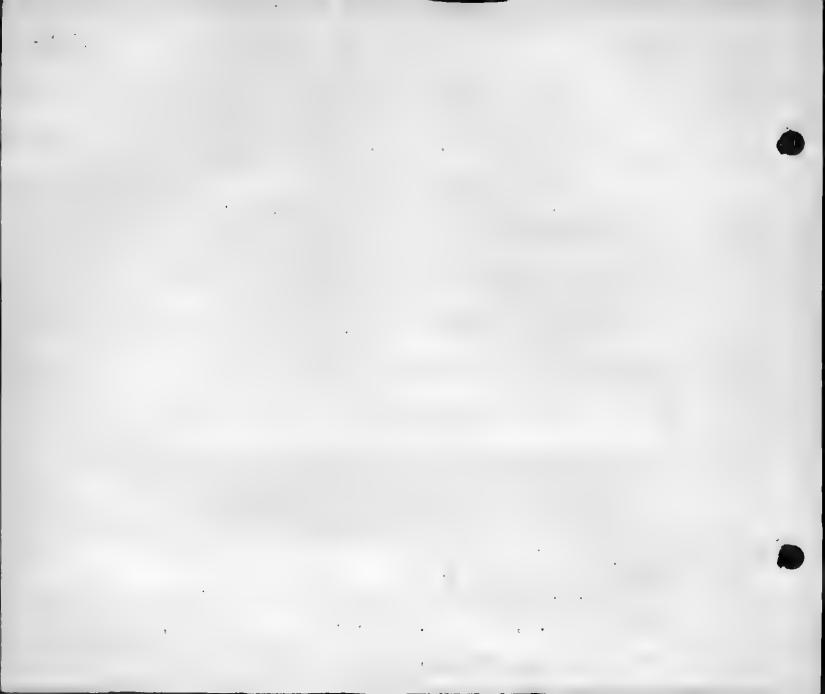
12. CITIZEN OF WHAT

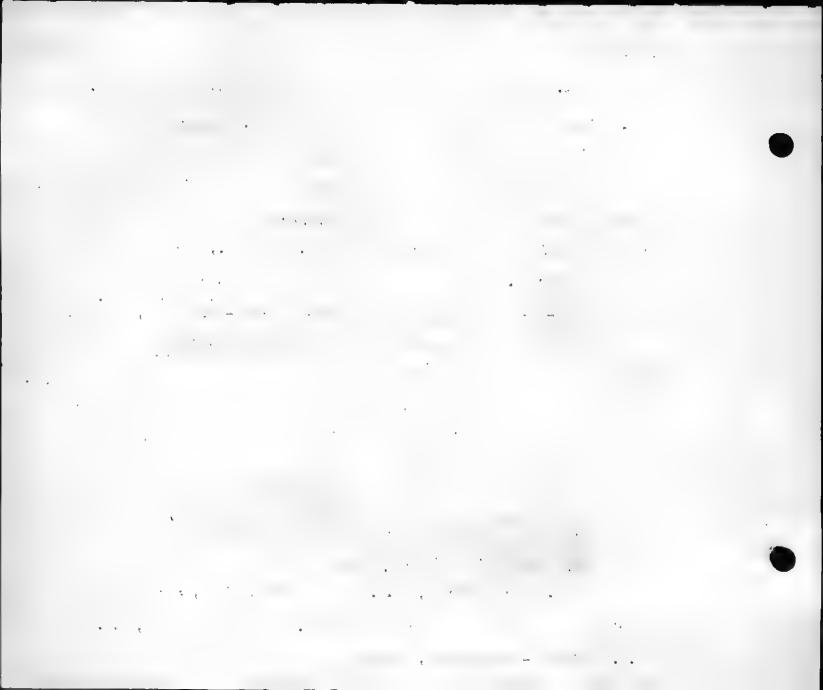
COUNTRY?

VR At5 (4) 20M 1/65

14881:

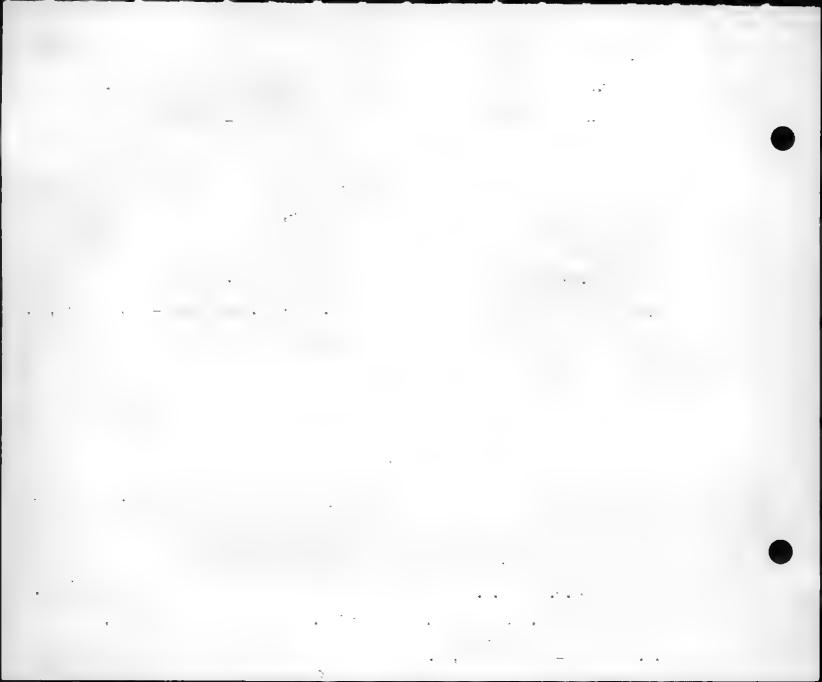






MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND ST. MARYS

c. City On Town (if outside corporate limits, write RURAL and give nearest town) ST. MARYS MARYLAND Department after death. funeral may be CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b RURAL - LEONARDTOWN RURAL - LEONARDTOWN 5 r e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) any delay 2, and 3 to t PM3. Page State hours YES X NO Year 3. NAME OF Middla Last DATE Month DECEASED (Typa or print) DEATH 30 1966 LOUIS EDWARD SOMERVILLE JANUARY s, after death. If an 8. Give Pages 1, 2 long with form P 5 SFY 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. . 7. MARRIED X NEVER MARRIED last birthday) Months | Days Hours NA MALE NEGRO DIVORCED JUNE 25.1937 event Da, USUAL OCCUPATION (Give kind of work dona 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** USA -LABORER MARYLAND FARM pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME The second is the second of th FELIX A.SOMERVILLE MARY E. ARMSTRONG File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. I permit. I MR. THOMAS A. SOMERVILLE - LEONARDTOWN, MD. NO 218 34 6306 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burlal-transit LIMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate DUE TO causa (a), stating the B undarlying causa last. used as to burial, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATION PERFORMED? YES [ND W 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part 1 or Part 11 of Itam 18.) PRIMARY To for CONTRIBUTING [3 should basent, price CAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 2Df. (City or Town) (County) (State) factory, street. off cabldg., etc.) MED BRETON BAY-FARM at work at work 1 5 CTOR: Page designated 6:00 p.m. 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection X, inquiry X and In my opinion DIRECTOR: 1 Its design Undetermined manner X. Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL DI SIGNATUR DEPUTY MEDICAL EXAMINER X **EXAMINER'S** director. retained Address (Street, city, town, or county) LEONARDTOWN MD. WM.D.BOYD M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 50 1966 St. Alovsius Cem. Leonardtown. Md. 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. VR ALSME (5) LEONARDTOWN.MD.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01331 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Poge 0 MARYLAND ST. MARY S ST. MARY'S delay is MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and D.O.A. LEGNARDTOWN RURAL COLTON P INT d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Give Pages 1, Office olong with form ST. MARY S HOSPITAL YES NO X Stote This certificate should be executed within 24 hours after death. 3. NAME OF Lost 4 DATE Month Day DECEASED within 19 66 (Type or print) HENRY MILES THOMAS DEATH JANUARY with S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED K 8. DATE OF BIRTH IF UNDER 1 YEAR lost birthdoy) Months Doys Hours WIDOWED DIVOR CED MAY 30.1894 1 gard 2 event MALE COLORED pencil in Item 1 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** U.S.A the Chief Medicol Examiner's LABORER poges in ony MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ond SUSTE THOMAS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) removal. JOSEPHINE L. THOMAS 121 MERCURY STREET 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PETERSBURG. VIRGINIA PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) certificate, writing the word cremation, DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse 0 buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) its designated ogent, prior to 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) should PRIMARY CONTRIBUTING should MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While Poge ot work necessory, pleose execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🕝 and in my apinian Inquiry / Natural causes Accident the funeral director. death resulted fram: Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health or DEPUTY MEDICAL EXAMINER -**EXAMINER'S** WILLIAM D. BOYD M.D. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) BURIAL (Specify) FEB. 3, 1966 ALL SAINTS CHURCH CEMETERY OAKLEY. MARYLAND 24. FUNERAL DIRECTOR 25e: REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

METAL THE PROPERTY OF THE PARTY The state of the s T. CY E. Dalint L'. AN 742 777 i i t , - n (A 2 A 11 II

15M 4-64

